



ONE
DROP
ADDITION

rhopressa[®]
(netarsudil ophthalmic
solution) 0.02%

**Confident
IOP reduction** for
more patients

THE DIRECT PATH TO IOP REDUCTION

RHOPRESSA[®] AND ROCKLATAN[®] PLAYBOOK 2021

**Powerful
IOP reduction** in a
single bottle

ONCE-DAILY
rocklatan[®]
(netarsudil and latanoprost
ophthalmic solution) 0.02%/0.005%



ONE
DROP
POWER

CONFIDENTIAL. FOR INTERNAL TRAINING PURPOSES ONLY, NOT TO
BE USED IN PROMOTION, DUPLICATED, OR DISTRIBUTED

WELCOME

The Rhopressa® and Rocklatan® Playbook is designed to help support your selling efforts. It is organized into the following sections which are meant to build upon each other:

I. 2021 Brand Strategies

Review this section to understand 2021 Rhopressa® and Rocklatan® Brand Strategies.

II. Product Positioning

Review this section for Rhopressa® and Rocklatan® Positioning and Messaging.

III. Pre-Call Planning

Review this section as a reference for planning a great Rhopressa® and Rocklatan® call.

IV. Using the Rhopressa® and Rocklatan® Master Visual Aid

Each story element of the visual aid is supported by the following sections:

- **Key Messages**
This section of the playbook outlines key messages found in your visual aid that are designed to support sharing the Rhopressa®/Rocklatan® story.
- **Engage & Impact**
Use example questions in this section to engage the ECP and get them to think of opportunities for utilizing Rhopressa®/Rocklatan® in their patients.
- **Messaging in Action**
Verbalize the Messaging in Action insights to make your ECP discussions more impactful.
- **Insights**
Review this section to understand market research insights on Rhopressa®/Rocklatan®.

V. Additional Promotional Tools

Review this section for additional Rhopressa® and Rocklatan® tools.

VI. Competitive Products

Review this section to gain further understanding of competitive products and how they are used with ECPs.

IMPORTANT REMINDERS

Remember that all promotional communications must be consistent with the FDA-approved Prescribing Information ("on-label"). Only MLR- approved promotional materials may be used (ie, no unapproved reprints or homemade detail pieces).

Also, all presentations must balance the benefits and risks of Rhopressa® and Rocklatan® with each product's safety information and contraindications.

I. 2021 BRAND STRATEGIES

Key Areas of Focus

**Compel Earlier
Treatment**

**Disrupt ECP
Behavior**

**Gain and Retain
New Patients**

II. POSITIONING AND MESSAGING: RHOPRESSA®

Rhopressa® Story

Positioning

Confident IOP Reduction for More Patients

Call to Action

Add Rhopressa® 1st to a PGA for an additional 20% IOP reduction

Patient Types "Rhonda and Rhett"

Use in patients who:

- Are on a monotherapy (PGA) and need additional IOP reduction
- Are on multiple therapies and still have not reached their target IOP levels

Compelling Efficacy

Consistent IOP reduction in a variety of treatment regimens

- Provides an additional 20% IOP reduction when added to a PGA monotherapy
- Provides an additional 20% IOP reduction when added to two or more adjunctive medications

ROCK Inhibition

The ROCK Inhibition Mission

- Netarsudil is specifically designed to target the trabecular outflow pathway, the source of the outflow issue

What Your Patients Should Know

1. Rhopressa® has no contraindications, unlike beta blockers, alpha agonists, or CAI's

- May be a preferred choice for patients with co-morbidities such as heart disease, diabetes, or depression

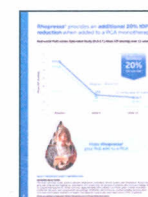
2. Talk to your patients about the tolerability of Rhopressa®

- 89% of patients reported Rhopressa® was tolerated "well" or better in survey when used as an adjunctive therapy
- 73% of physician-rated patient acceptance was good or excellent

3. ROCK inhibition causes vasodilatation. Some patients may experience hyperemia.

4. Rhopressa® is dosed QHS

5. Coverage for 9 out of 10 insured patients



II. POSITIONING AND MESSAGING: ROCKLATAN®

Rocklatan® Story

Positioning	Powerful IOP Reduction in a single bottle
Call to Action	Make Rocklatan® your first choice for powerful IOP reduction with simplified dosing
Patient Types "Roxy"	For patients who need powerful IOP reduction but struggle with adherence
Efficacy	Powerful IOP reduction with Rocklatan® 1. In a new, European, phase 3b clinical trial Rocklatan® demonstrated consistent IOP reduction of approximately 9.5 mmHg, and an average IOP reduction of 37% from baseline throughout the day over 3 months (n=218) 2. In US pivotal studies, Rocklatan® demonstrated superiority over latanoprost at every time point 3. In US Pooled Mercury studies, more patients achieved prespecified target mean IOP (mmHg) at month 3 with Rocklatan® than with latanoprost
ROCK Inhibition	Rocklatan® utilizes the mechanisms of both Netarsudil and latanoprost to reduce IOP. Netarsudil is specifically designed to target the trabecular outflow pathway, the source of the outflow issue, while latanoprost is believed to reduce IOP by increasing the outflow of aqueous humor through the uveoscleral pathway
What Your Patients Should Know	1. Visible hyperemia may occur in some patients. In clinical studies: • 90% reported it as mild, without increasing in severity over time • 80% reported it as sporadic • 5% of patients discontinued due to hyperemia 2. Rocklatan® is dosed QHS 3. Once-daily dosing may improve patient adherence 4. Covered for 9 out of 10 commercially insured patients, and Medicare Part D coverage continue to grow



III. PRE-CALL PLANNING – A GREAT RHOPRESSA® AND ROCKLATAN® CALL BEGINS WITH EFFECTIVE PLANNING

Review ECP Sales Information
& Determine Usage Behavior



Tailor Your Message



Determine
Your Resources

1. What is your goal with this call?
2. What is the adoption level of this ECP for Rhopressa® and Rocklatan®?
3. Which patient type are you going to focus on during your call?
4. How will you position this patient type with ECP?
5. What will you ask for a close?

Non-users	Have tried Rhopressa® and stopped	Adopters	They use Rhopressa® consistently
Trial	They used Rhopressa® in a limited patient population (e.g., MMT or inconsistently)	Advocates	They used Rhopressa® as a predominant product in their practice
Strategy: Begin or continue later line trial to get ECPs comfortable using Rhopressa®		Strategy: Move Rhopressa® up in treatment paradigm as 1st add to a PGA	

1. Tailor your message around Rhonda to expand Rhopressa® use and move up in treatment plan, or Rhett to gain trial experience with Rhopressa® to increase usage and gain confidence before asking to move up in treatment plan
2. Tailor your Rocklatan® message around Roxy for patients that need powerful IOP reduction without adding a bottle

What resources do you plan to utilize during your ECP discussion?

Patient Case Study Supplement

M.O.S.T. Leave Behind

Mercury 1 12-Month Leave Behind

Samples

Peer-to-Peer Speaker Programs

Patient Education Resources

Savings Cards/PARx/CoverMyMeds

Formulary Update



Effective Pre-Call Planning helps you match ECP Behavior to the most appropriate messages, tools and resources to utilize

IV. USING THE RHOPRESSA® MASTER VISUAL AID CONFIDENT IOP REDUCTION FOR MORE PATIENTS

Do you see patients like these?



Rhonda is on a monotherapy (PGA) and needs an **additional IOP reduction**



Rhett is on multiple therapies but still not reaching his **target IOP level**

For patients like these, Add **Rhopressa®** today for an

Additional 20% IOP reduction*

What else can Rhopressa® offer patients?

CONSISTENT IOP REDUCTION regardless of the patient's current regimen^{1,2}

NO CONTRAINDICATIONS for patients who cannot take a beta blocker, alpha agonist, or CAI^{3,4}

QHS DOSING¹

COVERAGE FOR 9 OUT OF 10 INSURED PATIENTS⁵

*Due to comorbidities or drug-drug interaction concerns.^{1,2}

SELECT IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS
Bacterial Keratitis: There have been reports of bacterial keratitis associated with the use of multiple-dose containers of topical ophthalmic products. These containers had been inadvertently contaminated by patients who, in most cases, had a concurrent corneal disease or a disruption of the ocular epithelial surface.
Contact Lenses: Contact lenses should be removed prior to instillation of Rhopressa® and may be inserted 15 minutes following its administration.

INDICATIONS AND USAGE
 Rhopressa® (netarsudil ophthalmic solution) 0.02% is indicated for the reduction of elevated intraocular pressure in patients with open-angle glaucoma (OAG) or ocular hypertension (OHT).

Please see additional Important Safety Information and Full Prescribing Information.



Insights

- In Market Research, ECPs tell us that every patient is different and there is no ONE established approach to achieve the target IOP goal.
- Adding more medications doesn't equate to consistent absolute IOP reduction; instead, patients experience the law of diminishing returns in IOP reduction.

Objectives

- **For ECPs who already use Rhopressa® later in their treatment algorithm, ask to make Rhopressa® the 1st add:**
 - For patients like Rhonda who are on a monotherapy and need additional IOP reduction
- **For ECPs who do not use Rhopressa® or use it sparingly, ask to add or trial Rhopressa® :**
 - For patients like Rhett who are on multiple therapies but still have not reached their target IOP level
 - Then ask to move Rhopressa® to the 1st add to a PGA when these ECPs are more comfortable using Rhopressa®
- Use to reinforce why the ECP is choosing Rhopressa®

Key Messages

- Rhopressa® provides confident IOP reduction for more patients
 - Consistent IOP reduction whether the first add to a PGA monotherapy or added to a combination of therapies
 - Suitability for patients who cannot take certain glaucoma agents (beta blocker, alpha agonist, or CAI) due to contraindications or tolerability
 - Simplified once-daily QHS dosing may help improve adherence
 - Coverage for 9 out of 10 insured patients

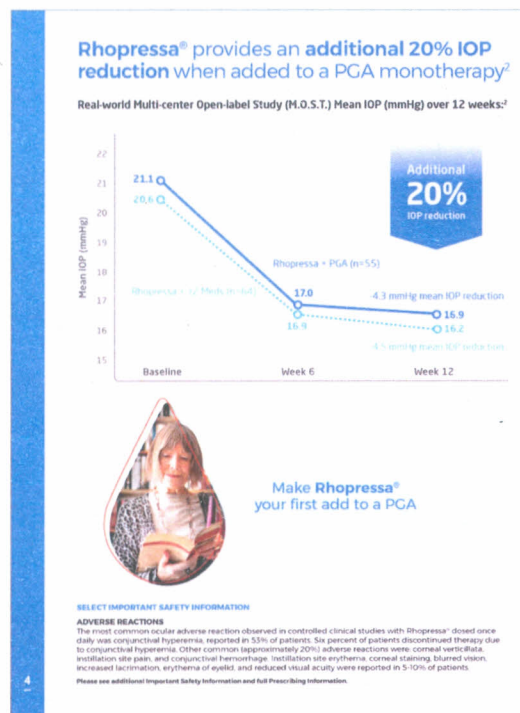
Engage and Impact

- *Dr, what types of patients have you trialed on Rhopressa®? What results have you seen?*
- *Dr, if you could get an additional 20% IOP reduction when you add a medication to a PGA, would that affect how you treat your patients?*
- *Dr, once you are comfortable prescribing Rhopressa® for your patients 3rd line or later, will you make Rhopressa® your first add to a PGA?*

Messaging in Action

- *Dr, Rhopressa® will provide a 20% IOP reduction, whether adding Rhopressa® to a PGA monotherapy or to a combinations of medications. I'd like to discuss how this can impact your patients populations, if I may?*
- *Dr, while some patients cannot take beta blockers, alpha agonists or CAIs due to contraindications such as heart disease, diabetes or depression, Rhopressa® has a safe, tolerable performance with no known contraindications*

IV. USING THE RHOPRESSA® MASTER VISUAL AID – EFFICACY – ADD RHOPRESSA® FIRST TO A PGA OR TO A MULTI-DRUG REGIMEN FOR AN ADDITIONAL 20% IOP REDUCTION



Insights

- Market research with our ECPs shows that a “20% IOP reduction” message is more motivating to move Rhopressa® earlier in treatment than the same message in mmHg
- When adding a medicine adjunctively, qualities to look for include 24 hour efficacy, complementary MOA, being safe and well tolerated, and having a convenient dosing regimen.
- In the M.O.S.T. study, ECPs were most interested in adding Rhopressa® to a PGA, as represented in the sample size of the PGA + RHO group.

Rhonda Key Messages

- When added to a PGA monotherapy, Rhopressa® achieved an additional 20% IOP reduction
- Utilize the ECPs positive experience with Rhopressa® from later line usage to move up in the ECPs treatment plan
 - Utilize the dark blue graph line to show Rhopressa’s® IOP reduction when added to a PGA
- Reinforce with the ECP Rhopressa® should still be his choice when adding a medication later in his treatment plan
 - Utilize light blue graph line to highlight the 20% IOP reduction the ECP will get when adding Rhopressa later in treatment

Engage and Impact

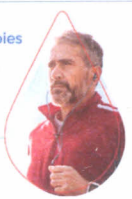
- Dr, what is your current “go-to” medication when you are adding a medication to a patients PGA?
- Dr, does this new information change your thinking about the role Rhopressa® plays when choosing which therapy to add first to a PGA?

Messaging in Action

- Dr, for patients taking a PGA, will you add Rhopressa® first to your patients on a PGA? In the M.O.S.T. study, ECPs most often added Rhopressa® to a PGA and realized a 20% additional reduction earlier in treatment
- Dr, you’ve had great results utilizing Rhopressa® later in your treatment plan. Will you continue to utilize Rhopressa® for later use in your treatment plan?

Notes

IV. USING THE RHOPRESSA® MASTER VISUAL AID – EFFICACY – ADD RHOPRESSA® FIRST TO A PGA OR TO A MULTI-DRUG REGIMEN FOR AN ADDITIONAL 20% IOP REDUCTION



Patients on two or more therapies achieved 20% IOP reduction after adding Rhopressa[®]

Add Rhopressa[®] for an Additional **20% IOP reduction** Regardless of patient's current regimen

Study design: Rhopressa[®] M.O.S.T.
M.O.S.T. (12-week), prospective, multi-center, non-comparative, open-label study of 250 subjects diagnosed with OAG or ONLT.

Primary Endpoint:	Secondary Endpoint:
• Percent change from BL in mean IOP at Week 12	• Change from BL in mean IOP at Week 12
	• Mean IOP at Week 12

The most common ocular adverse event (AE) reported when Rhopressa[®] was used adjunctively was conjunctival hyperemia (19.9%), resulting in a discontinuation rate of 4.3%. Other common AEs were blurred vision (8.2%), conjunctival hemorrhage (5.0%), and instillation site pain (5.0%).⁷

rhopressa[®] netarsudil ophthalmic solution 0.02%

Insights

- No other adjunctive glaucoma medication has shown this type of consistent IOP added later in treatment to multiple medications. Historically when adding, it's the law of diminishing returns; the more medication added, the less % IOP reduction is achieved.
- 60% of Rhopressa[®] usage is for patients 4th line or later. Do not discourage later line use; encourage continued use and move up in treatment paradigm for the appropriate ECPs

Rhett Key Messages

- In M.O.S.T, even those ECPs who tried Rhopressa[®] for patients on two or more therapies saw the same 20% IOP reduction
- The goal is to recommend a place for the ECP to start using Rhopressa[®] to gain experience
 - Utilize the light blue graph line to show Rhopressa's[®] IOP reduction when added to 2 or more medications to support trialing or increasing later line usage
- For ECPs who have little or no experience using Rhopressa[®], position as a 3rd line or later add to gain confidence using it, then move Rhopressa[®] as the 1st add to a PGA

Engage and Impact

- *Dr, in the M.O.S.T real world study, when Rhopressa[®] was added to two or more medications, patients still saw an additional 20% IOP reduction. As you know, typically the more therapies you add, the less IOP reduction is achieved.*
- *Dr, knowing that you will get an additional 20% IOP reduction when added to two or more therapies, does this make you rethink your treatment options for later line use?*

Messaging in Action

- *Dr, with this new information, for those patients who are on multiple medications (2+ medications) and still need additional IOP reduction, will you add Rhopressa[®] for an additional 20% IOP reduction instead of another adjunct agent to help achieve the patients' target IOP?*

Notes

IV. USING THE RHOPRESSA® MASTER VISUAL AID – ROCK INHIBITION: A DIRECT PATH TO IOP REDUCTION

ROCK Inhibition: a direct path to IOP reduction

The trouble with trabecular outflow
In glaucoma patients, intraocular pressure (IOP) becomes elevated when the trabecular pathway becomes fibrotic and outflow is reduced.^{7,8}

Netarsudil is specifically designed to target the trabecular outflow pathway, the source of the outflow issue

The ROCK Inhibition Mission
Rhopressa® is the first ROCK (rho-kinase) inhibitor in glaucoma and is shown to increase trabecular outflow by 35% and decrease episcleral venous pressure (EVP) by ~10%.⁹

See how ROCK inhibitors work differently^{1,8,10-12}

Aqueous Suppression
α-agonists
β-blockers
Topical CAIs

Trabecular Outflow
Rhopressa®
Rocklatan®
Pilocarpine

Episcleral Venous Pressure
Rhopressa®
Rocklatan®

Uveoscleral Outflow
PGAs
α-agonists
Rocklatan®

Choose ROCK inhibition for a direct path to IOP reduction

rhopressa®
netarsudil ophthalmic solution 0.02%

Key Messages

- Netarsudil is the only drug that directly addresses the outflow issue by targeting the entire conventional outflow pathway. Netarsudil is believed to cause relaxation of the TM and induces vasodilation. As a result, Rhopressa® lowers IOP by increasing aqueous flow and decreasing EVP.
- Netarsudil was shown to increase trabecular outflow by 35% and decrease episcleral venous pressure (EVP) by ~10%, thus “lowering the floor” of IOP reduction

Engage and Impact

- *Dr, when treating patients with lower baseline pressures, how important do you think the reduction of EVP is when trying to achieve these patients' target pressure?*
- *Dr, other adjunctive agents MOA include inhibition of aqueous production. How impactful do you think it would be for your patients if the source of the IOP issue, outflow, were targeted instead of suppressing aqueous production?*
- *Dr, can you see how Rhopressa® will lower the IOP of patients with lower baseline pressures?*

Messaging in Action

- *Dr, for those patients with lower baseline pressures, reduction of EVP is important in helping these patients achieve their target pressures.*
- *Dr, Rho Kinase causes contraction or “stiffness” of the trabecular meshwork, which reduces aqueous outflow through the TM. ROCK Inhibition relaxes the TM which decreases resistance and increases aqueous outflow.*
- *Dr, Netarsudil specifically targets the entire outflow pathway, which is the source of the outflow issue. This improves aqueous humor outflow and reduces IOP*

Notes

Insights

- This page establishes how Rhopressa® works differently than other adjunct medications to achieve a consistent 20% IOP reduction
- 70-80% of aqueous humor flows through the trabecular pathway. In glaucoma, this pathway becomes fibrotic causing resistance to outflow which in turn causes elevated intraocular pressure (IOP)
- Most medications (beta blockers, alpha agonists, CAI's) that are added work to suppress aqueous production
- Aqueous humor is beneficial to the health of the eye

IV. USING THE RHOPRESSA® MASTER VISUAL AID – SAFETY – WHAT YOUR PATIENTS SHOULD KNOW

What your patients should know

Rhopressa has no contraindications, unlike beta blockers, alpha agonists, or CAIs^{1,3-5}

Rhopressa® may be a preferred choice for patients with comorbidities, such as heart disease, diabetes, or depression.

Talk to your patients about the tolerability of Rhopressa®



89% of patients reported Rhopressa® was tolerated "well" or better in survey when used as an adjunctive therapy²

73% of physician-rated patient acceptance was good or excellent²

ROCK inhibition causes vasodilation.¹⁰ Patients may experience hyperemia.

Choose Rhopressa®—9 out of 10 insured patients are covered⁶

¹Due to comorbidities or drug-drug interaction concerns.¹¹

SELECT IMPORTANT SAFETY INFORMATION

ADVERSE REACTIONS
The most common ocular adverse reaction observed in controlled clinical studies with Rhopressa® dosed once daily was conjunctival hyperemia, reported in 53% of patients. Six percent of patients discontinued therapy due to conjunctival hyperemia. Other common (approximately 20%) adverse reactions were corneal verticillata, instillation site pain, and conjunctival hemorrhage. Instillation site erythema, corneal staining, blurred vision, increased lacrimation, erythema of eyelid, and reduced visual acuity were reported in 5-10% of patients.

Please see additional Important Safety Information and Full Prescribing Information.

rhopressa®
(netarsudil ophthalmic solution) 0.02%

Insights

- Use this page to sell competitively, address tolerability and set expectations with the ECP
- Market research shows that Rhopressa's® lack of contraindications is the 2nd most motivating message to our ECPs for moving Rhopressa® up earlier in treatment
- Beta Blockers:
 - Do not decrease production of aqueous humor during sleeping hours; 24-hour control of IOP may be an issue
 - In combination with a prostaglandin, beta blockers demonstrate minimal clinically significant IOP lowering
- Topical Alpha Agonists:
 - Can demonstrate wide peak to trough differences
 - Can have wide swings in nocturnal IOP

Key Messages

- In clinical studies, Rhopressa® ocular AEs were mild and tolerable
- Survey data confirms high patient tolerability with Rhopressa®
 - 89% of patients reported Rhopressa® was tolerated "well" or better in survey when used as an adjunctive therapy
 - 73% of physician-rated patient acceptance was good or excellent
- ECPs should share with their patients that—as a novel class of therapy—ROCK inhibitors have unique considerations
 - Rhopressa® has no contraindications or reported systemic adverse reactions- unlike beta blockers, alpha agonists, or CAIs
 - Rhopressa® may be a preferred choice for patients who cannot tolerate these treatments due to comorbidities such as heart disease, diabetes, or depression
 - Since ROCK inhibition causes vessels on the surface of the eye to dilate, visible hyperemia may occur in patients.
- Reinforce expanded Managed Care Coverage by always mentioning that 9 out of 10 insured patients are covered for Rhopressa®

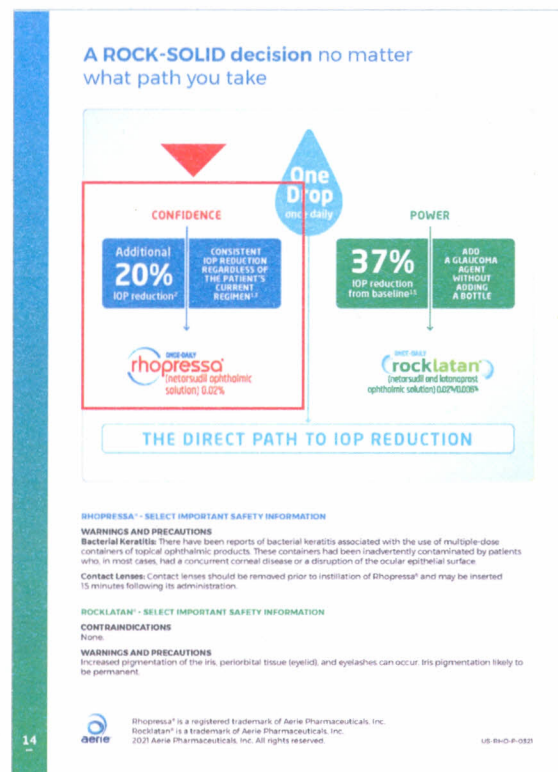
Engage and Impact

- Dr, what problems or safety issues are you concerned about most when using products to treat elevated IOP in your glaucoma patients?*
- Dr, conjunctival hyperemia was either not reported or graded as mild in approximately 9 out of 10 patients. Is conjunctival hyperemia a concern to you? If so, why?*
- Dr, it's important to communicate to your patients that they may see redness, however this redness is not inflammatory or an allergy. It's very important to also communicate they should not stop taking their drops. We have resources that will help educate your patients further on this.*

Messaging in Action

- Dr, unlike beta blockers, alpha agonists or CAIs, Rhopressa® has no contraindications or reported systemic adverse events. Therefore, Rhopressa® may be a preferred choice for patients who cannot tolerate the aforementioned treatments due to comorbidities such as heart disease, diabetes, or depression.*
- Dr, while hyperemia was the most common AE at 53%, it was either not reported or graded as mild in approximately 9 out of 10 patients. The discontinuation rate due to hyperemia was 6%.*

IV. USING THE RHOPRESSA® MASTER VISUAL AID – CALL TO ACTION SUMMARY BRAND DECISION TREE: A ROCK SOLID DECISION NO MATTER WHAT PATH YOU TAKE



Insights

Gain commitment and close for a patient trial!

These are the four reasons for an ECP to believe in Rhopressa® as uncovered in Rhopressa® market research:

- Confident 20% IOP reduction whether added first to a PGA or to a multi-drug regimen
- QHS once-daily dosing at night to simplify dosing regimen
- No labeled contraindications opens up treatment options; mild tolerable ocular side effects
- A unique mechanism of action for patients that maximizes aqueous outflow through the conventional pathway to help reduce IOP

Be sure to clearly verbalize the Rhopressa® patient profile to help ECPs better understand where Rhopressa® can fit in their practice.

Key Messages

- Rhopressa® provides a consistent 20% IOP reduction:
 - For patients on a monotherapy (PGA) who need an additional IOP reduction
 - For patients on multiple therapies who are not reaching their target IOP level
- Rhopressa® adds more versatility to glaucoma patient's treatment
 - Suitability for patients who cannot take certain glaucoma agents (beta blocker, alpha agonist, or CAI) due to contraindications or tolerability
 - Simplified QHS dosing may help improve adherence
 - Coverage for 9 out of 10 insured patients

Engage and Impact

- *Dr, based on the information we discussed, would you make Rhopressa® your first choice to add to a patient's PGA when they need a lower IOP?*
- *Dr., based on the information we discussed, will you agree to try Rhopressa® on your patients that are already on a multi-drug regimen to help achieve their target IOP?*

Messaging in Action

- *Dr, will you add Rhopressa® first to your patient's PGA for an additional 20% IOP reduction? In these situations, Rhopressa® is a good choice for patients who need additional IOP reduction when adding a medication to achieve your patients target IOP.*
- *Dr, for those patients who are on multi-medications and still need additional IOP reduction, will you agree to try Rhopressa® on these patients to achieve their target IOP?*

Notes

IV. USING ROCKLATAN® MASTER VISUAL AID – POWERFUL IOP REDUCTION IN A SINGLE BOTTLE

Do you see **patients like this?**



Roxy needs **powerful IOP reduction** but struggles with adherence so you would prefer not to add a bottle.

For patients like this,
Add a glaucoma agent without
adding a bottle: **make Rocklatan®**
your first choice for powerful
IOP reduction

What else can Rocklatan® offer patients?

POWERFUL IOP REDUCTION OF 37% FROM BASELINE (~9.5 mmHg) on average ¹⁵	43% of Rocklatan® patients achieved a 35% IOP reduction compared to 17% with latanoprost ^{14,15}	Two glaucoma agents in a single QHS drop ¹⁴	Coverage for 9 out of 10 commercially insured patients and Medicare Part D patients continues to grow ¹⁶
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SELECT IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS
None

WARNINGS AND PRECAUTION
None

WARNINGS AND PRECAUTION
Increased pigmentation of the iris, periorbital tissue (eyelids), and eyelashes can occur. Iris pigmentation likely to be permanent.

INDICATIONS AND USAGE
Rocklatan® (netarsudil and latanoprost ophthalmic solution) 0.02%/0.005% is indicated for the reduction of elevated intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension.

Please see additional Important Safety Information and Full Prescribing Information.



Rocklatan®

Insights

- Research with our ECPs shows they are motivated by the ability to add an agent without adding a bottle
- Be sure to clearly verbalize the Roxy patient profile to help ECPs better understand where Rocklatan® can fit in their practice.

Objectives

- Patients like Roxy need powerful IOP reduction and struggle with adherence, so the ECP prefers not to add another bottle
- Patients like Roxy are on multiple medications or need powerful IOP reduction early in treatment
- Roxy allows you to focus on the largest patient segment of those on multiple medications and allows you to move Rocklatan® up earlier in treatment

Key Messages

- Rocklatan® provides powerful IOP in a single bottle:
 - Powerful IOP reduction of 37% from baseline- approximately 9.5 mmHg
 - In US Pooled Mercury 1 and Mercury 2 studies, nearly 60% of Rocklatan® patients achieved an IOP of ≤16 mmHg vs 37% of latanoprost patients
 - Two glaucoma agents in a single QHS drop
 - Coverage for 9 out of 10 commercially insured patients and Medicare Part D continues to grow

Engage and Impact

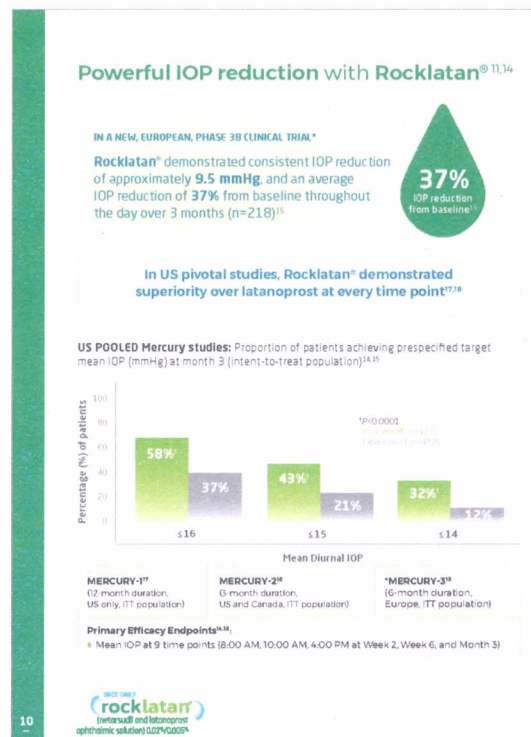
- *Dr, for those patients who struggle with adherence but still need powerful IOP reduction, how do you manage their treatment plan?*
- *Dr, Rocklatan® provides 37% IOP reduction from baseline. For those patients that need powerful IOP reduction earlier in treatment, what is your preferred option?*

Messaging in Action

- *Dr, for those patients who need powerful IOP reduction while minimizing the number of bottles, will you replace the patients' latanoprost with Rocklatan®?*

Notes

IV. USING THE ROCKLATAN® MASTER VISUAL AID – EFFICACY POWERFUL-IOP REDUCTION WITH ROCKLATAN®



Insights

- This section highlights reasons the ECPs should believe in Rocklatan®
- Market research with our ECPs showed that the combination of the Mercury 3 messages are overwhelmingly motivating and impactful to try Rocklatan® or move forward in the treatment algorithm
- This new clinical data comes from Mercury 3 which was conducted in Europe and compared Rocklatan® to Ganfort (bimatoprost/timolol fixed dose combination)
- Ganfort is NOT approved in the U.S.

Key Messages

- In the new Mercury 3 European phase 3B clinical trial, Rocklatan® demonstrated consistent IOP reduction of approximately 9.5 mmHg, and an average IOP reduction of 37% from baseline throughout the day over 3 months (n=218)
- In the Mercury 1 and Mercury 2 US Pivotal studies, Rocklatan® demonstrated superiority over latanoprost at every time point
- In US Pooled Mercury studies, more patients achieved prespecified target mean IOP (mmHg) at month 3 with Rocklatan than with latanoprost

Engage and Impact

- *Dr, when selecting a treatment option for patients with elevated IOP, what are the 2–3 things that determine which product you prescribe?*
- *Dr, if you could add powerful IOP reduction and another medication without adding another bottle– like you can with Rocklatan®, what would prevent you from choosing Rocklatan®?*

Messaging in Action

- *Dr, new data from a European Phase 3B clinical trial shows Rocklatan® demonstrated consistent IOP reduction of approximately 9.5 mm Hg, with an average IOP reduction of 37% from baseline at month 3. The IOP reductions observed in this trial exceeded those observed in the US pivotal studies.*
- *Dr, nearly 60% Rocklatan® of treated patients achieved an IOP of ≤16 mmHg vs 37% on latanoprost. Looking at even lower pressures, nearly 3 times as many Rocklatan® patients are getting to 14 mmHG or less.*
- *Dr, Rocklatan® provides you a Direct Path To IOP Reduction. You can lower IOP by targeting the entire conventional outflow pathway and get IOP reduction with the least amount of drops and bottles*

Notes

IV. USING THE ROCKLATAN® MASTER VISUAL AID – SAFETY WHAT PATIENTS SHOULD KNOW

What your patients should know

Visible hyperemia may occur. In clinical studies^{1,2}

- ~90% was mild and did not increase in severity over time
- 80% was sporadic or intermittent
- 5% of patients discontinued due to hyperemia

Rocklatan® is dosed QHS
Once-daily dosing may improve patient adherence^{3,19-22}

Choose Rocklatan® for powerful IOP reduction with simplified dosing

And now more lives covered...
Rocklatan®—coverage for 9 out of 10 commercially insured patients and Medicare Part D patients continues to grow²³

SELECT IMPORTANT SAFETY INFORMATION

ADVERSE REACTIONS
Rocklatan®. The most common ocular adverse reactions were conjunctival hyperemia (59%), with 5% of patients discontinuing therapy for this reason, instillation site pain (20%), corneal verticillata (15%), and conjunctival hemorrhage (8%). Eye pruritus, visual acuity reduced, increased lacrimation, instillation site discomfort, and blurred vision were reported in 5-8% of patients.
Please see additional Important Safety Information and full Prescribing Information.

rocklatan®
bimatoprost and latanoprost
ophthalmic solution (200µg/500µg)

rocklatan®
bimatoprost and latanoprost
ophthalmic solution (200µg/500µg)

Insights

- Setting expectations about Tolerability is very important to a positive treatment experience for patients
- If a patient misses one dose per week of a QD medication, the patient is missing more than 6 weeks of therapy per year
- Gain commitment based on your selling conversation and where the ECP agreed to either TRIAL or EXPAND use of Rocklatan®

Key Messages

- Hyperemia may occur. In clinical studies, of the patients who experienced hyperemia:
 - ~90% reported it as mild, without increasing severity over time.
 - ~80% reported it as sporadic
 - 5% of patients discontinued treatment due to hyperemia
- Rocklatan® has no contraindications
- Rocklatan® is dosed QHS
- Once daily dosing may improve patient adherence
- Now more patient lives are covered
 - Rocklatan® is covered for 9 out of 10 commercially insured patients and Medicare Part D continues to grow

Engage and Impact

- *Dr, as you can see, in clinical trials the majority of ocular adverse events were mild and tolerable, with minimal systemic adverse events. How does this compare to your current treatment options?*
- *Dr, we know that educated patients tend to have a better treatment experience when they know what to expect from their medication. Setting expectations about Tolerability is important! Tell your patients that hyperemia is a common ocular side effect of glaucoma drops, and it's important to keep taking the medication even if they experience some redness. If the redness is concerning to the patient, instruct them not to stop taking their drops unless they speak to you first.*

Messaging in Action

- *Dr, the most common ocular AE in controlled clinical studies with Rocklatan® was conjunctival hyperemia, followed by instillation site pain, corneal verticillata and conjunctival hemorrhage. The majority of adverse events were mild.*
- *Dr, with Rocklatan® it's important to note that the majority of adverse events were mild. Not only does Rocklatan® provide superior efficacy to latanoprost, but it has a tolerable safety profile as well.*

IV. USING THE ROCKLATAN® MASTER VISUAL AID – CALL TO ACTION SUMMARY A ROCK SOLID DECISION NO MATTER WHAT PATH YOU TAKE



Key Messages

- Once daily Rocklatan® is the first and only fixed- dose combination of a PGA
 - ROCK inhibitor that significantly lowers IOP in patients with OAG or OHT.
- Rocklatan® provides **powerful** IOP in a single bottle:
 - Powerful IOP reduction of 37% from baseline- approximately 9.5 mmHg
 - In clinical studies, nearly 3x as many target pressures achieved and sustained vs latanoprost
 - Two glaucoma agents in a single QHS drop
 - Once-daily dosing may help improve adherence
 - Coverage for 9 out of 10 commercially insured patients and 1 of 2 Medicare Part D patients

Engage and Impact

- Based on Rocklatan providing a direct path to a powerful 37% IOP reduction, can you think of patients that you would like to replace latanoprost with Rocklatan?

Messaging in Action

- Dr, for the reasons we discussed, can you see how Rocklatan is the most direct path to IOP reduction for your patients?
 - It's a simple switch for patients on a PGA who need powerful IOP control.
 - It is an ideal therapy for patients who struggle with compliance and multiple medications.
- Dr, will you make it your practice to replace latanoprost with Rocklatan® for those patients on multiple medications who need powerful IOP reduction with simplified dosing?

Notes

Insights

- These are the four reasons for an ECP to believe in Rocklatan® as uncovered in Rocklatan® market research:
 - Consistent IOP reduction of approximately 9.5 mmHg and an average IOP reduction of 37% from baseline
 - No contraindications
 - Once-daily dosing
 - The ECP can add another agent without adding another bottle

CHOOSE ROCKLATAN FOR POWERFUL IOP REDUCTION AND SIMPLIFIED DOSING

IV. RHOPRESSA® – ROCKLATAN® SAVINGS OFFER – MORE ACCESSIBLE. MORE AFFORDABLE

MORE ACCESSIBLE. MORE AFFORDABLE.

Help Your Patients Start Saving

Patients May Pay as Little as \$25 with Savings Offer*

30-day supply	90-day supply
SAVE MORE. GET MORE.	That's less than \$9 per month for a 90-day prescription
\$25 per month	\$8.33 per month

*Restrictions apply. Patients with Federal or State prescription coverage, such as Medicare or Medicaid, are not eligible.

Retrieve the Savings Offer at Rhopressa.com and Rocklatan.com

Visit Rocklatan.com or Rhopressa.com to download your Savings Card today!

The majority of lives have access to Rhopressa® and Rocklatan® nationwide

Patient Instructions: In order to redeem this offer you must have a valid prescription for ROCKLATAN® or RHOPRESSA®. This offer may not be redeemed for cash. By using this offer, you are certifying that you meet the eligibility criteria and will comply with the terms and conditions described in the Restrictions section below. Patients who are enrolled in a state or federally funded prescription insurance program, such as Medicare or Medicaid, are excluded. Patients with questions about the ROCKLATAN® or RHOPRESSA® Savings offer should call 1-844-807-9706.
Eligible commercially insured patients may pay as little as \$25 per 30-day, 60-day, or 90-day supply. Patient pay amount may vary dependent upon commercial insurance coverage for ROCKLATAN® or RHOPRESSA®. Maximum savings limit applies; patient out-of-pocket expense may vary. Offer valid up to 12-month qualifying prescriptions.
Pharmacist Instructions: Submit the claim to the primary commercial insurance company first, then submit the balance due to CHANGE HEALTHCARE as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code. Reimbursement will be received from CHANGE HEALTHCARE. For any questions regarding CHANGE HEALTHCARE online processing, please call the Help Desk: 1-800-435-4893.
Restrictions: This offer is valid for eligible residents of the United States only. This offer is valid in U.S. territories including, but not limited to, Puerto Rico. Offer not valid for prescriptions reimbursed under Medicare, a Medicaid drug benefit plan, TRICARE, CHAMPUS or other federal or state health programs. Offer may not be combined with any savings, discount, total or similar offer for the same prescription. No other purchase is necessary. Coupon is not insurance. By using this offer, the patient certifies that he or she will comply with any terms of his or her health insurance contract requiring notification to his or her payor of the existence and/or value of this offer. Offer not valid for patients under 18 years of age. It is illegal to (or offer to) sell, purchase, trade, or counterfeit this offer. This offer is not transferable. Void where prohibited by law. Absent a change in Massachusetts law, for Massachusetts residents only, this offer will expire on December 31, 2021. Program managed by Connecticut on behalf of Aerie Pharmaceuticals, Inc. Aerie Pharmaceuticals, Inc. reserves the right to rescind, revoke or amend this offer without notice at any time.
BY USING THIS CARD, YOU AND YOUR PHARMACIST UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS OF USE.
Visit Rocklatan.com or Rhopressa.com for full terms and conditions.

Insights

- Always sell the efficacy of Rhopressa® and Rocklatan® before discussing coverage and patient affordability.
- Improve coverage awareness and confidently handle patient affordability/access concerns

Key Messages

- Rhopressa® is widely covered for 9 out of 10 insured* patients
- Rocklatan® coverage is broad in commercial with nearly 9 out of 10 commercial patients and growing in Medicare Part D
 - Don't forget to use your customized Formulary information to share local coverage pertinent to your ECPs
- Rhopressa®-Rocklatan® Savings Offer can help your patients save more:
 - Patients may pay as little as \$25 for 30-day or 90-day prescription
 - That's less than \$9 per month for a 90-day prescription
 - Save More. Get More.

*Restrictions apply. Patients with Federal or State prescription coverage, such as Medicare or Medicaid, are not eligible.

Engage and Impact

- *Dr., based on the information you've just seen, would you try Rocklatan® first in your glaucoma patients when your initial therapy isn't adequate to lower IOP to goal?*

Messaging in Action

- *Dr., many of your patients have access to Rhopressa® or Rocklatan®. With the Rhopressa® - Rocklatan® Savings card, your commercially insured patients can benefit from Rhopressa® or Rocklatan® and may pay as little as \$25 for a 30-day or 90-day prescription*
- *Dr., for all the reasons we discussed, would you switch to Rocklatan® and/or add Rhopressa® due to the benefits it offers in the patients we discussed?*

Notes

* "Insured" includes Commercial, Medicare Part D, Health Exchanges, State Medicaid combined

V. ADDITIONAL PROMOTIONAL TOOLS

Patient Case Study Supplement

The brochure cover features the logos for Rocklatan (netarsudil and latanoprost ophthalmic solution) 0.02%/0.005% and Rhopressa (netarsudil ophthalmic solution) 0.02% at the top. The main title is "Rock Inhibitor Netarsudil for the Management of Glaucoma: EXPERT INSIGHTS AND CASE STUDY REVIEWS". Below the title, there is a list of experts and their credentials. At the bottom, there is a section for "INDICATIONS AND DOSAGE FOR ROCKLATAN® AND RHOPRESSA®" and "IMPORTANT SAFETY INFORMATION FOR RHOPRESSA®". The Aerie logo is in the bottom right corner.

rocklatan®
(netarsudil and latanoprost ophthalmic solution) 0.02%/0.005%

rhopressa
(netarsudil ophthalmic solution) 0.02%

Rock Inhibitor Netarsudil for the Management of Glaucoma:
EXPERT INSIGHTS AND CASE STUDY REVIEWS

FACTORY

David R. Gross, MD, MPH
Attending Surgeon and Clinician
Glaucoma Associates of Texas
Dallas, TX

Shan Lin, MD
Attending Clinician and Surgeon
Glaucoma Center of San Francisco
San Francisco, CA

Harlene Foster, MD
Ophthalmic Partners, Attending
Surgeon Glaucoma Service
Wills Eye Hospital
Philadelphia, PA

Leonard Rappaport, MD
Tidewater Eye Centers
Chesapeake, VA

Tolin U. Smith, MD
Attending Clinician and Surgeon
Glaucoma Associates of Texas
Dallas, TX

INDICATIONS AND DOSAGE FOR ROCKLATAN® AND RHOPRESSA®

Indications and Usage: Rocklatan® (netarsudil and latanoprost ophthalmic solution) 0.02%/0.005% and Rhopressa® (netarsudil ophthalmic solution) 0.02% are indicated for the reduction of elevated intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension.

Dosage and Administration: The recommended dosage for Rocklatan® and Rhopressa® is one drop into the affected eye(s) once daily in the evening.

If Rocklatan® or Rhopressa® are to be used concomitantly with other topical ophthalmic drug products to lower IOP, administer each drug product at least five (5) minutes apart.

IMPORTANT SAFETY INFORMATION FOR RHOPRESSA®

CONTRAINDICATIONS
None.

WARNINGS AND PRECAUTIONS

Bacterial Keratitis
There have been reports of bacterial keratitis associated with the use of multiple-dose containers of topical ophthalmic products. These containers had been inadvertently contaminated by patients who, in most cases, had a concurrent corneal disease or a disruption of the ocular epithelial surface.

Please see additional Important Safety Information throughout.

aerie

Objective

Use this sales piece comprised of KOL case studies to share insights and examples of where and why these KOLs used Rhopressa® and Rocklatan®

When to use

Use when discussing topics such as rational for treatment, efficacy, managing patient expectations, and ideal candidates for therapy

Key insights

Research shows that ECPs value the opinions of peers when making treatment decisions

V. ADDITIONAL PROMOTIONAL TOOLS

Mercury 1 12-Month Leave Behind

Rocklatan® superiority to latanoprost proven at every time point in 12-month, phase 3 study

NEWLY PUBLISHED DATA IN Ophthalmology Glaucoma confirm the superiority of Rocklatan® over latanoprost

Twice as many patients achieved and sustained low target pressures with Rocklatan®

Time Point	Rocklatan® (n=158)	Latanoprost (n=203)
s16	60%	35%
s15	43%	22%
s14	27%	12%

Choose Rocklatan® for superior IOP reduction and simplified dosing

The most common ocular adverse event (AE) in patients treated with Rocklatan® in this Phase 3 study was conjunctival hyperemia, which was reported in 53% of patients. Other common ocular AEs reported include irritation/eye pain (22%), corneal verticillata (18%), and conjunctival hemorrhage (12%).

See the Phase 3 data published in *Ophthalmology Glaucoma* at [doi.org/10.1016/j.ophgl.2023.03.003](#).

INDICATIONS AND USAGE
ROCKLATAN® (netarsudil and latanoprost ophthalmic solution) 0.02%/0.005% is indicated for the reduction of elevated intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension.

SELECT IMPORTANT SAFETY INFORMATION
Contraindications
None.

Warnings and Precautions
Increased pigmentation of the iris, periorbital tissue (eyelids), and eyelashes can occur. Iris pigmentation likely to be permanent. For continued Rocklatan® important safety information and full study design, see other slide.

Objective

Provide ECPs with a leave behind summary of the Mercury 1 12-Month Clinical Study published in *Ophthalmology Glaucoma*

When to use

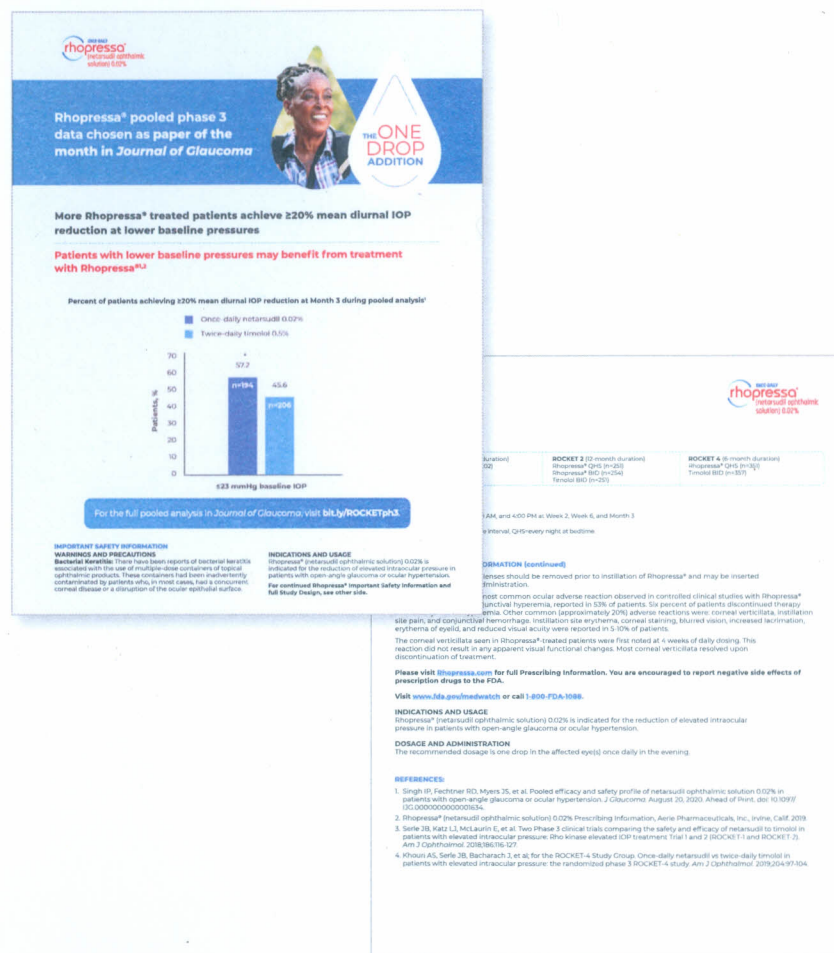
Use in conversations with ECPs and techs regarding results of the Mercury 1 12-Month study highlighting Rocklatan® superiority at every time point as well as patient target pressures

Key insights

1. Use to educate your ECPs on how Rocklatan® is superior to latanoprost and why ECPs should replace latanoprost with Rocklatan®
2. Positions with ECPs/techs how Rocklatan® is superior to latanoprost at all time points in the Mercury 1 12-Month clinical study
3. Educates ECPs/techs on Rocklatan®'s ability to get more patients to lower target pressures compared to latanoprost

V. ADDITIONAL PROMOTIONAL TOOLS

Pooled Rocket Leave Behind



Objective

Provide ECPs with a leave behind summary of the Rocket Pooled Phase Three Clinical Study published in *Journal of Glaucoma*

When to use

Use in conversations with ECPs and techs regarding results of the Rocket Pooled Phase Three study highlighting how patients with lower baseline pressures may benefit from treatment with Rhopressa®

Key insights

1. Patients with lower baseline pressures may benefit from treatment with Rhopressa® due to its effect on increasing aqueous flow through the conventional pathway
2. In the conventional pathway, Netarsudil has shown to increase trabecular outflow by 35 % and decrease episcleral venous pressure (EVP) by ~10 %

V. ADDITIONAL PROMOTIONAL TOOLS

M.O.S.T. Leave Behind



Objective

Provide ECPs with a leave behind summary of the Multi-center, Open-label Study phase IV experience Trial

When to use

- Use in conversations with ECPs and techs regarding results of M.O.S.T., a Phase IV real-world experience trial

Key insights

Educate ECPs/techs how Rhopressa® provides consistent, additional IOP reduction for more patients, including patients currently on PGA monotherapy or combination therapy

Educate ECPs when Rhopressa® is used adjunctively, a greater proportion of patients achieved an IOP of ≤ 18 mmHg or lower versus baseline at week 12

- In the Rhopressa® Multi-center Open-label Study (M.O.S.T.), whether added to a PGA or to combination of medications, Rhopressa® provided an additional 20% IOP reduction

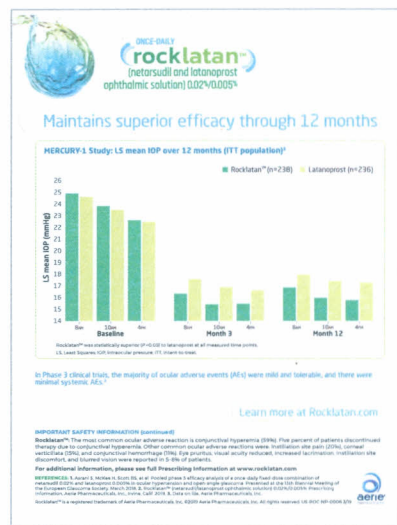
V. ADDITIONAL PROMOTIONAL TOOLS

Rocklatan® 1-Page Leave Behind



Insights

- The Rocklatan® leave-behind demonstrates superior and maintained efficacy versus latanoprost through 12 months
- ECPs often set a goal of “target pressure range” for patients
- Referring to the Rocklatan® target pressures achieved in the MERCURY trials allows an ECP to see that many more Rocklatan® patients in the trials were reaching low target pressure IOPs than did latanoprost treated patients



Key Messages

- Educate ECPs on MERCURY Pooled data, thus demonstrating Rocklatan® superior efficacy vs latanoprost and Rhopressa®
- Nearly 60% of Rocklatan® patients achieved an IOP of ≤ 16 mmHg vs 37% of patients taking latanoprost
- Nearly 3 times as many patients on Rocklatan® achieved a target IOP of ≤ 14 mmHg
- Rocklatan® maintained superior efficacy vs. latanoprost and Rhopressa® at every timepoint through 12 months

Engage and Impact

- What are your thoughts about Rocklatan® sustaining superiority over latanoprost at every timepoint through 12 months?
- What are your thoughts about the seeing 2-3 times more patients reaching low target pressures?

Messaging in Action

- Dr, Rocklatan® was proven superior to latanoprost in phase 3 trials. Nearly 60% of Rocklatan® patients achieved an IOP of ≤ 16 mmHg vs 37% of patients taking latanoprost.
- Additionally, nearly 3 times as many patients on Rocklatan® achieve a target IOP of ≤ 14 mmHg.
- In our MERCURY 1 phase 3 trial, Rocklatan® maintained superior efficacy over latanoprost at every timepoint through 12 months as demonstrated in this graph.

Notes

Rhopressa® and Rocklatan® Patient Tear Sheet

What to expect with ROCKLATAN® and RHOPRESSA®

Your doctor has prescribed one of these eye drops to lower the pressure in your eye and help reduce the risk of vision loss due to glaucoma. Here are some tips to help you get the best out of your medication.

- ✓ **Take your medicine on time**
Take your medicine once a day, only at night. Keep bottle in the refrigerator until opened.
- ✓ **Possible side effects**
Visible eye redness occurred in clinical trials for ROCKLATAN® and Rhopressa®. The condition occurred in 53% of patients taking ROCKLATAN® and 59% of patients taking Rhopressa®, and it was often mild and occurred only occasionally. Eye redness did not tend to get worse with continued use. PLEASE SEE IMPORTANT SAFETY INFORMATION ON THE REVERSE SIDE.
- ✓ **Tell your doctor**
If eye redness is a concern for you, please contact your doctor immediately. Do not stop taking your drops unless your doctor tells you to stop. Contact your doctor immediately if you experience any sudden change in your vision.
- ✓ **If the pharmacy wants to switch you to another medication**
Ask if the switch request was mandated by your prescription insurance plan. Most commercially insured patients pay as little as \$25—as your doctor would.
- ✓ **Keep your appointments with your eye doctor**
Make sure to keep your next appointment with your eye doctor so you can review your progress with your medicine.

ROCKLATAN® AND RHOPRESSA® INDICATIONS AND USAGE

ROCKLATAN® (netarsudil and latanoprost ophthalmic solution) 0.02%/0.005% and RHOPRESSA® (netarsudil ophthalmic solution) 0.02% are prescription medications for the treatment of high eye pressure/intraocular pressure (IOP) in people with open-angle glaucoma or ocular hypertension.

Please see reverse side for IMPORTANT SAFETY INFORMATION.

To learn more, please visit www.Rocklatan.com and www.Rhopressa.com

ONLY ONE
rocklatan®
(netarsudil and latanoprost
ophthalmic solution) 0.02%/0.005%

ONLY ONE
rhopressa®
(netarsudil ophthalmic
solution) 0.02%

IAN® AND RHOPRESSA® INDICATIONS AND USAGE

IAN® (netarsudil and latanoprost ophthalmic solution) 0.02%/0.005% and RHOPRESSA® (netarsudil ophthalmic solution) 0.02% are prescription medications for the treatment of high eye pressure/intraocular pressure (IOP) in people with open-angle glaucoma or ocular hypertension.

IAN® AND RHOPRESSA® DOSAGE AND ADMINISTRATION

Recommended dosage is one drop in the affected eye(s) once daily in the evening. If one dose of treatment should continue with the next dose in the morning.
Use of ROCKLATAN® should not exceed once daily. ROCKLATAN® may be used together with other IOP lowering eye pressure(s) if more than one topical ophthalmic drug is being used, with the total to be administered at least five (5) minutes apart.

IAN® IMPORTANT SAFETY INFORMATION disclosures

s and Precautions

IAN® contains latanoprost, which may cause darkening of the eye color, darkening of the eyelid, and increased growth and thickening of eyelashes. Color changes may increase as long as IAN® is administered, and eye color changes are likely to be permanent. Eyelash changes are reversible upon discontinuation of treatment.
IAN® should be used with caution and may cause inflammation inside the eye or make existing skin worse.

IAN® may cause macular edema (swelling of the macula) and should be used with caution in patients with a macular lesion, in patients with a torn posterior lens capsule who have an artificial lens in the eye, or in patients with known risk factors for macular edema.

IAN® should be used with caution in patients with a history of herpetic keratitis and not used in patients with active herpetic keratitis.

Use of the tip of the bottle to touch the eye to avoid bacterial eye infection which has been associated with the use of multiple dose containers of topical ophthalmic products.

After use should be removed prior to using ROCKLATAN®. Contact lenses can be reinserted 15 minutes following administration of ROCKLATAN®.

After eye surgery, eye trauma or infection, or controlled eye reactions, immediately consult with your doctor about continuing treatment with ROCKLATAN®.

Reactions

Common side effects for ROCKLATAN® in controlled clinical studies were dry eyes (90%). Five (5) patients reported redness of the eye to avoid bacterial eye infection which has been associated with the use of multiple dose containers of topical ophthalmic products.

Other side effects reported in clinical studies for ROCKLATAN® were pain upon use of eye drops (20%), small deposits on the outer surface of the eye (corneal verticillata) (1%), and blurred vision (1%).

Visual acuity reduced, excessive tearing, eye discomfort upon administration of eye drop, and blurred vision were reported in 1% of patients.

It is your doctor's doctor if you have any questions.

For important information about ROCKLATAN®, please visit Rocklatan.com

ROCKLATAN® IMPORTANT SAFETY INFORMATION

USE AND PRECAUTIONS

Netarsudil: Allow allowing the tip of the bottle to touch the eye to avoid bacterial eye infection which has been associated with the use of multiple dose containers of topical ophthalmic products.

Lenses: Contact lenses should be removed prior to using RHOPRESSA® and may be reinserted 15 minutes after administration.

Reactions

Common adverse reaction reported in controlled clinical studies with RHOPRESSA® were dry eyes (90%). Five (5) patients reported redness of the eye to avoid bacterial eye infection which has been associated with the use of multiple dose containers of topical ophthalmic products.

Other side effects reported in clinical studies for RHOPRESSA® were pain upon use of eye drops, mild pain upon instillation, and broken blood vessels on the white of the eye. Instillation site reactions, corneal staining, blurred vision, increased tearing, redness of eyelid, and reduced visual acuity were reported in 5-10% of patients.

The small deposits on the outer surface of the eye seen in RHOPRESSA® treated patients were first noted at a week of daily dosing. This reaction did not result in any apparent visual functional changes. Most small deposits on the outer surface of the eye resolved within 2 weeks of discontinuation of treatment.

Please see full RHOPRESSA® prescribing information at Rhopressa.com

You are encouraged to report negative side effects of prescription drugs to the FDA.

Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Reference: 1. Data on File, Allergan Pharmaceuticals, Inc.

Rocklatan® is a registered trademark of Allergan Pharmaceuticals, Inc.
Rhopressa® is a registered trademark of Allergan Pharmaceuticals, Inc.
©2011 Allergan Pharmaceuticals, Inc. All rights reserved. US-Patent-8,211,011

Objective

Provide patient-friendly education and expectations on the use of Rhopressa® and Rocklatan®

When to use

- Use in conversations with ECPs and techs regarding experience of Rhopressa® and Rocklatan® for patients
- Provide to patients starting Rhopressa® and Rocklatan® treatment

Key insights

Allows ECPs/techs to educate patients with Rhopressa®/Rocklatan® information

V. ADDITIONAL PROMOTIONAL TOOLS

Patient Brochure

Objective

Provide patient-friendly education and expectations on the use of Rhopressa® and Rocklatan®

When to use

- Use in conversations with ECPs and techs regarding experience of Rhopressa® and Rocklatan® or patients
- Provide to patients starting Rocklatan® or Rhopressa® treatment

Key insights

Allows ECPs/techs to educate patients with Rhopressa® and Rocklatan® information and includes savings card

Rocklatan® PI

Objective

Provide full disclosure and information on Rocklatan®

When to use

- Always leave Rhopressa® and Rocklatan® PIs with your ECP after each conversation
- Use the PI as a reference for Rhopressa® and Rocklatan® product claims

V. ADDITIONAL PROMOTIONAL TOOLS

National and Local Speakers Programs

As you plan and prepare for your 2021 speaker bureau programs, please remember to follow these best practices:

1. Get the **RIGHT** audience

Know your objectives for the program and choose the audience that will help accomplish those objectives.

For example:

- Determine who will impact your territory most if they attend a program
- Target highest decile doctors/highest potential doctors
- Focus on inviting prescribers; only invite techs if their prescribing physician can attend as well
- Determine the best date for your audience and secure this date quickly

2. Reserve the restaurant

- Don't delay. Popular dates/venues go quickly
- Choose a restaurant that is local and easy to travel to
- Reserve restaurant verbally and let Scienomics know details
- Restaurants must meet Compliance approval and state mandated meal limits for HCPs must be followed

3. Identify and secure the **RIGHT** speaker

- Choose from our large database of ~120 speakers for the date you secured with your audience
- Choose the **RIGHT** speaker that will deliver the **RIGHT** message based on your program objectives

4. Virtual Programs

- Keep virtual gallery from 3-8 attendees for better engagement
- Set expectations with all participants to be live on camera
- Log in to your program 30 minutes early to test audio/visual connections with your speaker
- Present local market access information customized to your participants

Once the ECP is comfortable prescribing Rhopressa®/Rocklatan® for appropriate patients based upon the efficacy, determine which of these tools and resources are appropriate based upon Pre-Call Planning.

If you have any questions regarding speaker program operations and logistics, please reach out to Jaleesa Davis, Senior Program Manager at TSG at jdavis@hcg-int.com.

Reach out to Norbert Lowe, Marketing Director at Aerie, at nlowe@aeriepharma.com with all other questions or concerns.

V. ADDITIONAL PROMOTIONAL TOOLS

Rhopressa® and Rocklatan® Shelf Talkers



Objective

Remind ECPs that Rhopressa® and Rocklatan® samples are available and stored in their refrigerator

When to use

- Use in ECP sample closets

Key insights

- Make sure samples are stocked and in a visible location in the ECP refrigerator

Rhopressa® and Rocklatan® Samples and Trays



Objective

Prevent Rhopressa® and Rocklatan® samples from tipping over in storage

When to use

- Use where Rhopressa® and Rocklatan® samples are stored

Key insights

- The sample trays hold six samples. They come pre-folded – just pop them into their final form.

V. ADDITIONAL PROMOTIONAL TOOLS

Rocklatan®-Rhopressa® Savings Card and Savings Card Holder



Objective

- The Rhopressa®-Rocklatan® Savings Offer is specifically designed to ensure eligible commercially insured patients can get Rhopressa®/ Rocklatan® at a reasonable copay. Having this offer integrated into one simple card for both brands will help minimize call backs and improve a patient's point of sale experience.

Target audience

- For ECPs and office staff to share with patients. Place the cards in ECP offices using the corresponding holder in the best location (e.g., sample closet, exam room, or wherever the office chooses to inventory these resources). We recommend leaving no more than 10 cards per ECP. The savings card is also available in the patient brochure and on the consumer and HCP websites.

When to use

- Utilize physical savings cards in ECP offices that prescribe (or intend to prescribe) Rhopressa®/ Rocklatan® for their commercially insured patients.



Key insights

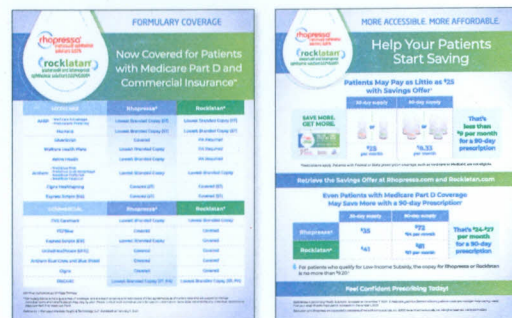
- Research suggests that ECPs and glaucoma patients are sensitive to copays: 65% of patients are unlikely to fill a prescription that exceeds \$50.
- Savings card is subject to restrictions which are on the reverse of the card. Full terms and conditions are available on the savings card website. Patients with federal or state prescription coverage such as Medicare and Medicaid are not eligible.

Engage and impact

- *Dr, right now your commercially insured patients can get access to Rhopressa® and Rocklatan® for as little as \$25 for a 30-day or 90-day prescription. That's less than \$9 per month for a 90-day prescription*
- *Would you agree that having a resource that allows patients to access a branded medication for as little as \$25 for a 30-day or 90-day prescription is a benefit to them?*
- *Which commercial insurance plans are the top 3 in your practice?*
- *Where would be a good place to display these savings cards and help you remember Rhopressa®/ Rocklatan® as an option for appropriate patients in your practice?*
- *Who on your staff handles educating your patients on resources such as savings cards? With your permission, I will speak to them so they fully understand the rules and restrictions.*

V. ADDITIONAL PROMOTIONAL TOOLS

Formulary Update



Objective

- Formulary Update is a pull-through leave behind to communicate coverage and patient affordability of both Rhopressa® and Rocklatan®

Target audience

- ECPs and office staff

When to use

- Utilize this resource when the ECP asks or is concerned about Rhopressa® and/or Rocklatan® formulary coverage and cost for their patients

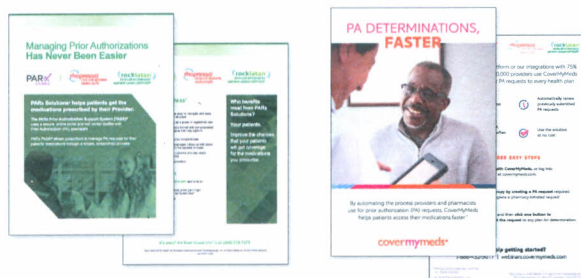
Key insights

- Be sure to "do your homework" before each call to have the most relevant formulary card available based on the anticipated patient insurance coverage for each ECP practice
- Engage our Market Access RAMs if you are uncertain how or when to execute an effective pull-through strategy
- The back of these cards allows you to address patient affordability concerns with local coverage in one resource.

Engage and impact

- Dr, this formulary card summarizes the coverage for the majority of patients in your practice. Based on this coverage, do you have patients who would benefit from Rhopressa® and/or Rocklatan®? Which patient type do you feel could most benefit from a trial of Rhopressa® and/or Rocklatan®?*

Prior Authorization Support (PARx & Cover My Meds)



Objective

- PARx and CoverMyMeds help prescribers navigate through the obstacles of prior authorizations (PAs), and help patients get the medications prescribed by their HCP.

Target audience

- Office staff responsible for processing PA services and handling pharmacy call backs

When to use

- Use this service when an office starts prescribing Rhopressa® and Rocklatan® and receives call backs from the pharmacy. Most eye care offices are familiar with either PARx or CoverMyMeds services.

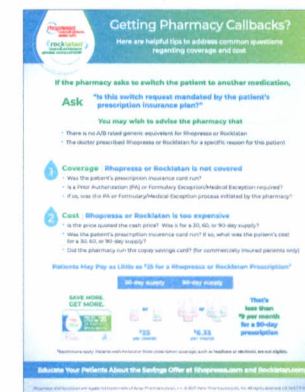
Key insights

- Remember that our role is not to sell PARx and/or CoverMyMeds. These services are HIPAA compliant and available at no cost to offices if they choose to use them. Alternatively, other services are available depending upon which the office prefers to utilize.
- PARx and CoverMyMeds work for all payer segments: Commercial, Medicare, Medicaid, VA, etc.

Engage and impact

- Prior to formulary coverage, Part D patients may be able to obtain their Rhopressa® and Rocklatan® prescription by paying cash or submitting a PA to their Part D plan. These PAs can be done using PARx, CoverMyMeds, or whatever pathway the office staff currently utilizes. Prior Authorization submissions help demonstrate provider demand to the health plan, which is an important consideration during the formulary review process.
- Dr, who in your office handles the PAs?*

Pharmacy Callback Guide



Objective

- The Pharmacy Callback Guide is designed to help office staff manage the most common pharmacy callback issues for Rhopressa® and Rocklatan®

Target audience

- Office administrator, or staff

When to use

- Use this resource to educate office staff on key issues regarding pharmacy switches, coverage and cost

Additional tips

- Discuss the pharmacy patient concerns with ECP staff
- Review questions on Pharmacy Callback Guide and educate the office staff on:
 - What they should ask pharmacies when dealing with these issues
 - What they should ask and educate patients on when dealing with these issues

Engage and impact

Here are some important questions the staff can ask pharmacies and ask/educate patients on when dealing with questions regarding pharmacy switches, coverage and cost.

VI. COMPETITIVE PRODUCTS

Glaucoma Product IOP Reduction*

Category	Product	IOP Reduction
PGA	LUMIGAN® (bimatoprost) 0.01%	Up to 7.5 mmHg
	TRAVATAN Z® (travoprost) 0.004%	7-8 mmHg
	VYZULTA® (latanoprostene) 0.024%	Up to 7-9 mmHg
	XALATAN® (latanoprost) 0.005%	6-8 mmHg

Category	Product	IOP Reduction	Adjunct IOP Reduction	MOA	Dosing
Beta Blocker	Timolol 0.5% (Generic)	4-5 mmHg	1 mmHg	Aqueous suppression	Two Times Daily
Alpha-Agonist	Brimonidine 0.2% (Generic) ALPHAGAN® P (brimonidine) 0.1%/0.15%	2-6 mmHg	2 mmHg	Aqueous suppression and Uveoscleral outflow	Three Times Daily
CAIs	AZOPT® (brinzolamide) 1%	4-5 mmHg	3.9 mmHg	Aqueous suppression	Three Times Daily
	TRUSOPT® (dorzolamide) 2%				
Fixed Dose Combination	COMBIGAN® (brimonidine/timolol) 0.2%/0.5%	1-3 mmHg > than individual components	8.3 mmHg	Aqueous suppression	Twice Daily
	SIMBRINZA® (brinzolamide/brimonidine) 1%/0.2%	1-3 mmHg > than individual components	7.1 mmHg	Aqueous suppression	Three Times Daily

*No head-to-head studies have been conducted with these products other than timolol and latanoprost.

For Reference Only. Do Not Use as comparison to Rhopressa®/ Rocklatan® during a call with an ECP. This chart is not meant to provide comparative efficacy data or evidence of superiority or non-inferiority.



DO
ONE
DROP
ADDITION



DO
ONE
DROP
ADDITION